

Sanford Police Department Volunteer Application



Date of Application

/ /

Month / day / year

Name of Applicant

First Name

Last Name

Middle Name

Date of Birth

/ /

Month / day / year

Height

Weight

Eye Color

Hair Color

Social Security Number

- -

Race

Sex

US Citizen

Yes No

Circle one

Street Address

Apt. Number

City

State

Zip

Mailing Address

Apt. Number

City

State

Zip

Home Phone

Listed

Unlisted

Work Phone

May we call?

Cell Phone

Email

Emergency Contact

Phone Number

Street Address

Apt. Number

City

State

Zip

Education and Training

Circle the highest grade completed.

1

2

3

4

5

6

7

8

9

10

11

12

Currently attending college

AS/AA

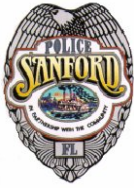
BS/BA

MS/MA

Ph.D.

List any professional, technical, or occupational skills you possess such as computer, clerical, etc.

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Background History

Do you possess a **VALID*** Florida's driver license? Yes No Driver License Number

Has your driver's license been denied, revoked, or suspended within the past 3 years?

Yes

No

If yes, please explain.

Is your driver's license currently suspended, revoked, or expired?

Yes

No

If yes, please explain.

Have you ever been arrested?

Yes

No

If yes, what was the final disposition of the charge(s)?

Do you have the legal right to work in the United States?

Yes

No

If no, please explain.

- valid: an issued license that has not been denied, revoked, or suspended within the past 3 years?

Employment History:

Please list all employment experience, including temporary and part time, within the past 10 years. Account for all periods, including unemployment and service in the Armed Forces. If more than one position was held with the same employer, list the information in the next block(s). If you were employed under a different name, please enter name, please enter name in the right hand margin.

Recent Employer Dates Employed To From

Address

Supervisor's Name Job Title

Duties

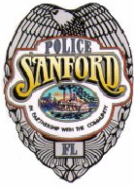
Employer's Phone Number

May we contact this employer?

Yes

No

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Employment History Continued

Recent Employer	_____	Dates Employed	To	_____	From	_____
Address _____						
Supervisor's Name		_____	Job Title		_____	
Duties _____						
Employer's Phone Number _____						
May we contact this employer?		Yes		No		

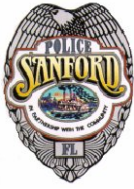
Recent Employer	_____	Dates Employed	To	_____	From	_____
Address _____						
Supervisor's Name		_____	Job Title		_____	
Duties _____						
Employer's Phone Number _____						
May we contact this employer?		Yes		No		

Volunteer Experience:

Please list any volunteer experience that you have had. If you volunteered under a different name, please enter the name in the right hand margin.

Organization	_____	Volunteer Dates	To	_____	From	_____
Address _____						
Supervisor's Name		_____	Job Title		_____	
Duties _____						
Organization's Phone Number _____						
May we contact this organization?		Yes		No		

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Volunteer Experience Continued

Organization _____	Volunteer Dates To _____ From _____
Address _____	
Supervisor's Name _____	Job Title _____
Duties _____	
Organization's Phone Number _____	
May we contact this organization? Yes No	
Organization _____	Volunteer Dates To _____ From _____
Address _____	
Supervisor's Name _____	Job Title _____
Duties _____	
Organization's Phone Number _____	
May we contact this organization? Yes No	

ATTENTION:

READ THE FOLLOWING PARAGRAPH CAREFULLY BEFORE SIGNING THE CERTIFICATION

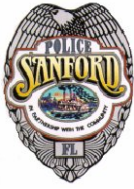
The Sanford Police Department is authorized to verify any of all of the information contained herein. A false answer to any question in this application may be grounds for terminating your volunteer services. All statements are subject to investigation, including a check of your training, experience, and criminal history. In addition, you will be asked to be photographed and fingerprinted. All of the information will be considered in reviewing your application. Also, your application may be subject to public inspection in accordance with the Florida Public Records Law, Chapter 119, Florida Statutes.

I hereby certify that all statements made in this application are true and correct to the best of my knowledge. I also certify that I have read the statements above. If accepted for volunteer service/security access, I agree to abide by and comply with all rules, regulations, policies and procedures of the Sanford Police Department. I understand and agree that I am free to terminate my services at any time. I further understand and agree that the Sanford Police Department has the right to terminate my volunteer services at any time, with or without cause.

Print Name: _____ Date: _____

Signature: _____

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AREA OF INTEREST

NAME: _____

AREAS OF INTEREST:

- ☐ Citizen on Patrol
- ☐ Bicycle Patrol
- ☐ Mounted Horse Patrol
- ☐ Chaplain

- ☐ Accreditation
- ☐ Administration
- ☐ Investigations
- ☐ Professional Standards
- ☐ Records
- ☐ Training

I HAVE STRONG SKILLS IN: _____

I WOULD LIKE TO LEARN MORE ABOUT: _____

I WOULD RATHER NOT HAVE TO DO: _____

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